worse cognitive function. Fifteen items had responses with ≥ 35% frequency and three items (turning a key, recreational activities with force, recreational activities with moving arm freely) had responses with ≥ 50% frequency. **CONCLUSIONS:** Patients had no complaints about understanding or difficulty of the adapted version of the questionnaire. Still, there were some items with missing answers (most often - sexual activity). Although, we provide some evidence of content validity, additional testing for the retention of psychometric properties of the translated questionnaire is recommended.

PRM136
IMPACT ON THE ESTIMATED ICER OF INCLUDING AGE-SPECIFIC BASELINE HRQOL IN A MODEL
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OBJECTIVES: For models that simulate patients over a long span, such as from birth to life expectancy, the baseline HRQoL can be incorporated. Typically this means that younger people have a higher utility than older people. The aim of this study was to investigate the impact of including age-specific baseline utilities in a model that simulated women at elevated risk of developing breast cancer from ages 20 to 85. **METHODS:** A model was developed to evaluate the impact on costs and benefits of breast cancer surveillance in a population of women with a BRCA1 mutation. Women were modelled from age 20 to 85. QALY reductions were associated with the treatment of cancer and were stage-specific. The model was evaluated incorporating age-specific baseline QALYs and also where all ages had a baseline QALY of 1. The impact of age-specific baseline QALY inclusion was evaluated in terms of the ICERs for different surveillance strategies. **RESULTS:** The incremental cost of each intervention and the interventions included in the cost-effectiveness efficiency frontier were unaffected by the choice of baseline HRQoL. However, both the average and incremental cost-effectiveness ratios were changed. For interventions on the cost-effectiveness efficiency frontier, all ICERs were less than €100,000/QALY when age-specific baseline HRQoL values were used. ICERs reduced by an average €11,520 when a uniform baseline HRQoL was used. **CONCLUSIONS:** The use of age-specific baseline HRQoL in a cost-effectiveness model needs to be carefully considered. Inclusion of age-specific baseline HRQoL can favour interventions with an impact at a younger age. Whether age-specific or uniform baseline data are used in a model, the alternative should be considered in a sensitivity analysis.

PRM137
EQ-5D-5L CROSSWALK VALUE SET FOR POLAND
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OBJECTIVES: To estimate EQ-5D-5L crosswalk value set for Poland, based on Crosswalk methodology developed by EuroQol Group. **METHODS:** Based on the data from 3691 respondents from 6 European countries, EuroQol Group has developed a method of obtaining interim values sets for the EQ-5D-5L by means of mapping to the available EQ-5D-3L values sets ("crosswalk" methodology). A significant part of the data in this study came from Polish respondents (n=972; 26.3%). Poland is the first Central European country with EQ-5D-3L time trade-off based social values set published. In order to obtain interim EQ-5D-5L values set, we applied Crosswalk methodology, developed by EuroQol Group, to available Polish EQ-5D-3L values set. **RESULTS:** Estimated Polish values for 3125 EQ-5D-5L health states will be presented. Both, EQ-5D-5L and EQ-5D-3L values sets have the same range (from -0.523 to 1.000), but different means (0.448 vs. 0.380) and medians (0.483 vs. 0.403), respectively. Participation of states worse than dead is less in EQ-5D-5L (5.38%), than in EQ-5D-3L (13.17%) values set. **CONCLUSIONS:** As long as value set based on preferences directly elicited from representative Polish general population sample is not available, estimated crosswalk values set should be used in EQ-5D-5L studies in Poland in order to calculate health state utilities.

PRM138
CROSS (-WALK) AT YOUR OWN PERIL! COMPARING AND CONTRASTING CEA RESULTS WHEN INDIVIDUAL-LEVEL UTILITIES ARE DERIVED FROM EXTERNAL MAPPING ALGORITHMS RATHER THAN ACTUALLY OBSERVED RESPONSES
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OBJECTIVES: Existing studies exploring the validity of using mapping algorithms to predict utilities in external datasets have found mixed results. We apply a series of published EQ-5D mapping algorithms to individual patient level data from a trial which in fact collected this outcome, with a view to assess the impact of using predicted versus actual EQ-5D values on the results of a cost-effectiveness model. **METHODS:** The RITA-3 trial compared early interventional strategy for patients with non-ST-elevation acute coronary syndrome (NSTE-ACS) against a conservative strategy. EQ-5D data were collected at baseline, 4 months, 12 months and yearly thereafter. A range of other clinical and quality of life outcomes were also collected including the Seattle Angina Questionnaire (SAQ), SF-36 and the Canadian Cardiovascular Society (CCS) Functional Classification of Angina. Using mapping algorithms found in the published literature, we predicted EQ-5D scores using these outcome measures. We then explored what effect the predicted utilities had upon cost-effectiveness estimates in a model compared to those with the actual EQ-5D data. The comparisons were made across five patient subgroups. **RESULTS:** The cost-effectiveness estimates varied according to the original outcome measure used to map and the patient subgroup. The EQ-5D values predicted using CCS scores produced cost-effectiveness estimates much higher than those with the actual EQ-5D data in the trial, whilst the estimates using EQ-5D values predicted using SAQ scores were lower. The values predicted using SF-36 scores gave cost-effectiveness estimates very similar to those with the EQ-5D data, irrespective of the patient subgroup. **CONCLUSIONS:** Analysts should take caution when mapping EQ-5D values from algorithms that have not been externally validated, especially where these algorithms have used clinical outcomes or disease-specific measures of health-related quality of life. Our results suggest that mapping from generic outcome measures might be reasonable.

PRM139
LOST IN TRANSLATION: TRANSLATABILITY OF PSYCHIATRIC TERMS – THE EXAMPLE OF THE MINI–INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW (M.I.N.I.)
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OBJECTIVES: The Mini-International Neuropsychiatric Interview (M.I.N.I.) is a short, structured diagnostic interview, developed by psychiatrists and clinicians in the USA and Europe, for DSM-IV and ICD-10 psychiatric disorders. The objectives of our study were: 1) To determine if the psychiatric terms used in the M.I.N.I. are translatable worldwide, especially in non-western countries, and 2) To review strategies used to culturally adapt psychiatric terms. **METHODS:** We reviewed the records of all linguistic validation projects involving the M.I.N.I. **RESULTS:** We retrieved 67 language versions, representing 47 countries. The analysis of the translations' content revealed three types of results, depending on the existence (or not) of corresponding psychiatric terminology in the target languages. The standard methodology (forward/backward and clinician review) was used in all countries and adapted, depending on the context. In all western and westernized countries (e.g., Europe, Russia, etc., totaling 49 languages), the psychiatric terms used in the M.I.N.I. were easily translated (i.e., existence of an agreed-upon corresponding terminology). In languages where psychiatric terms do not exist (e.g., certain Sub-Saharan languages), all the clinician-directed parts (titles and clinician-directed instructions/algorithms), which are capitalized in the original instrument, were left in English, and the patient-directed parts were translated in the target languages. In languages where there is a partially agreed-upon terminology (e.g., Thai), the titles as well as the algorithms were translated with corresponding English equivalents between brackets, when necessary. Moreover, in order to follow the typographical conventions of the M.I.N.I., in languages with no capital letters (such as Kannada or Malayalam), the translations used bigger font size. **CONCLUSIONS:** This review showed that terms used to describe psychiatric disorders had no equivalents in some countries, especially in Africa. Translation was not always possible and was even judged to be culturally and linguistically irrelevant in countries where psychiatry is only taught in English.

PRM140
HEALTH-RELATED QUALITY OF LIFE (HRQOL) IN PATIENTS TREATED BY NOVEL ORAL ANTICOAGULANTS (NOACS): REDUCED VERSION OF THE SAWICKI QUESTIONNAIRE
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OBJECTIVES: Sawicki questionnaire is a 32-item specific measure for the evaluation of the change in the measure of the Quality of Health Related Life (HRQOL) experienced by patients treated by Novel Oral Anticoagulants (NOACs) versus traditional Oral Anticoagulant Therapies (OAT). The objective of this research focuses on the application of the Rasch model in selecting the most appropriate items of Sawicki questionnaire. **METHODS:** Sample was composed of 689 Atrial Fibrillation (AF) patients in whom an attempt of electrical or pharmacological cardioversion was scheduled within a 4 months inclusion period from baseline (CARDIOVERSE study). Data were analyzed with WinSteps version 3.75 using the Rasch Partial Credit Model. Statistical criteria taken into account for the selection of those items with better psychometric properties were: model-fit and separation statistics, Differential Item Functioning (DIF), unexpected responses and item content. The results were compared with those of the original version of the questionnaire in CARDIOVERSE sample. **RESULTS:** Misfiting items were deleted, resulting in a 12 items version rated on a 4-point Likert-scale. This short form of the questionnaire showed good model fit and represented an accurate measure of the construct. Infit MNSQ ranged from 0.90 to 1.15 (M=1.02; SD=0.09) and outfit MNSQ ranged from 0.90 to 1.18 (M=1.02; SD=0.08). Person separation index and item reliability were 2.11 and 0.99 respectively and item-person map showed that the test was on-target and covered the wide range of the ability scale. Finally, the criterion validity of the short version by age, sex and risk groups was similar to the original version of the questionnaire. **CONCLUSIONS:** Short version of Sawicki questionnaire has adequate psychometric properties in terms of goodness-of-fit-test and reliability. This version makes it possible to have a new short and appropriate HRQoL measure for the study of the effect in QoL experienced by patients treated by NOACs.

PRM141
VALIDITY OF QOL IMPACT ATTRIBUTIONS TO SPECIFIC DISEASES: A MULTITRAIT-MULTIMETHOD COMPARISON
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OBJECTIVES: To test convergent-discriminant validity of quality of life (QOL) impact attributions to arthritis and respiratory conditions using the multitrait-multimethod (MTMM) approach. **METHODS:** Chronically-ill adults (N=601) with osteoarthritis (OA) and respiratory (asthma, COPD) disease completed Internet-based surveys. Ages ranged from 18-93 (median=58), 66.5% female and 20.7% non-white. QOL impact was measured using 3 methods: QOL Disease Impact Scale (QDIS) and disease severity with specific attribution to each condition, specific